

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2013	
NAME OF PROVIDER OR SUPPLIER FOREST CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 525 E THOMPSON RD INDIANAPOLIS, IN 46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for Investigation of Complaints IN00122808, IN00123246, and IN00122625.</p> <p>Complaint IN00122625 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00122808 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Complaint IN00123246 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: January 24, 28, 29, & 30, 2013</p> <p>Facility number: 000145 Provider number: 155241 AIM number: 100275110</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF: 19</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>SNF/NF: 99</p> <p>Total: 118</p> <p>Census payor type:</p> <p>Medicare: 21</p> <p>Medicaid: 73</p> <p>Other: 24</p> <p>Total: 118</p> <p>Sample: 10</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on February 01, 2013; by Kimberly Perigo, RN.</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review and interview the facility failed to ensure physician's dietary orders were followed for 1 of 3 residents reviewed for dietary orders (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/24/13 at 1:20 P.M.</p> <p>Diagnoses for Resident B included but were not limited to Alzheimer's disease, cachexia [state of ill health, malnutrition, and wasting], and failure to thrive. Resident B was also a hospice patient.</p> <p>A current physician's order originally dated 1/19/12, indicated to provide 120 cc (cubic centimeters) of cranberry juice 3 times a day with meals.</p> <p>A current physician's order originally</p>			F0282	<p>F 282 We respectfully request for a desk review for F282.</p> <p>1. Resident B's tray was audited by the RD to assure all physician ordered supplements were on her tray for the next meal. No issues were found. Residents B tray card was updated on 1/28/13 to reflect on physicians orders. 2. No other residents were affected, RD audited all residents trays and tray cards to ensure trays received all items as ordered. 3. Dietary staff were in-serviced on following diet cards by the RD. The RD/designee is monitoring all resident trays for accuracy 3 times a day until 100% is met. Nursing will continue to give dietary all physician orders and RD will update all resident trays cards. 4. To ensure compliance, RD is using a CQI tool to monitor trays and tray cards for accuracy. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. RD will report monthly to the CQI committee, ongoing.</p>		02/06/2013

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	<p>dated 7/5/12, indicated to provide ice cream with lunch and supper daily. A physician's telephone order dated 1/21/12 (sic) and signed 1/22/13, indicated to include super yogurt with breakfast and dinner.</p> <p>During observation of the lunch meal on 1/28/13 at 1:10 P.M., Resident B was being fed by RN #1 in the main dining room. The resident's meal ticket on the table did not indicate the cranberry juice, ice cream or super yogurt as ordered by the physician. Observation of the resident's meal tray verified the cranberry juice, ice cream and super yogurt were not provided to the resident. During an interview, at that time with RN #1, she indicated she had not fed the resident any cranberry juice, ice cream nor super yogurt.</p> <p>During an interview with the Dietary Manger on 1/28/13 at 1:40 P.M., she indicated there had been an audit of the dietary orders and had tried to correct all meal tickets. The resident should have received cranberry juice, ice cream, and super yogurt for lunch.</p>						

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	<p>This Federal tag relates to Complaints IN00122808 and IN00123246.</p> <p>3.1-35(g)(2)</p>						